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Bib Data Sheet

CONFIRMATION NO. 5505

<b>SERIAL NUMBER</b> 09/924,275	<b>FILING DATE</b> 08/08/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 10527-118004
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**APPLICANTS**  
Kevin R. Heath, Providence, RI;

**\*\* CONTINUING DATA \*\*\*\*\*** *Yes*  
 THIS APPLICATION IS A *CON* CIP OF 09/076,520 05/12/1998 PAT 6,287,331 *Phmn*  
 WHICH IS A CON OF 08/955,268 10/21/1997 PAT 6,290,721  
 WHICH IS A CON OF 08/478,007 06/07/1995 ABN  
 WHICH IS A CON OF 08/282,776 07/29/1994 ABN  
 WHICH IS A CON OF 07/910,631 07/08/1992 ABN  
 WHICH IS A CIP OF 07/861,253 03/31/1992 ABN \*  
 (\*) Data inconsistent with PTO records. *Ch 2-30 cancelled*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 09/06/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>2-72</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
 JOHN J. GAGEL  
 Fish & Richardson P.C.  
 225 Franklin Street  
 Boston, MA 02110-2804

**TITLE**  
 Tubular medical endoprostheses

<b>FILING FEE RECEIVED</b> 1308	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		STATE OR COUNTRY RI	SHEETS DRAWING 5	TOTAL CLAIMS / 46	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature Initials					
<b>ADDRESS</b> 26161 FISH & RICHARDSON PC 225 FRANKLIN ST BOSTON, MA 02110					
<b>TITLE</b> TUBULAR MEDICAL ENDOPROSTHESES					
			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing )		